

Instructions for Completing WIC Certification Forms

Participant and Diet History /Health History

(Women and Children)

Participant Form, WIC-38, 39, 40, 41

, **Completing the form**

Information must be recorded in all sections, except in *shaded* areas of the Participant Form, which are *optional*. For specifics on the data entry of this information, refer to the Texas-WIN Local Agency & Clinic Reference Manual.

- C **Cert Date/Cert Expires:** (shaded, optional field) Record the date the certification was completed and the date the certification expires. The certification expiration date can be obtained from the computer after data entry. Although this section is optional, it is highly recommended that the certification date be recorded. This information is useful when conducting quality assurance audits (self-audits), if the Texas-WIN system is down or unavailable, or if the form becomes dislodged from the file.
- C **Project/Site:** Record the local agency's project number and the site number where the applicant is certified. If the participant transfers to another clinic, the receiving clinic must record the new site number on the form.
- C **Family ID:** (shaded, optional field) Record the number located on the Family Identification (FID) card.
- C **Out-of-State Transfers:** (shaded, optional field) Completing the Participant Form for out-of-state transfers is not required, but encouraged.
- C **Out-of-State Transfer:** Check "Y" for yes or "N" for no for "Out-of-State" transfers only.
- C **Priority:** You do not need to write the priority level on the form. The computer will automatically assign the priority level.
- C **Cert Expires:** Record the certification expiration date.
- C **Name:** Record the applicant's last and first name. Middle name is not require.
- C **Social Security Number (Children Only):** Record the child's social security number, if available.

Although the boxes in this section are not shaded on the form, entering the social security number is not required. If the parent/guardian/caregiver is unable to provide the social security number, the boxes may be left blank. Verbal declarations are acceptable (written proof is not mandatory). Refer to Policy CS: 03.6, Collection and Use of Social Security Numbers.

- C **Date of Birth:** Record the applicant's date of birth.
- C **Sex (Children Only):** Identify the child's gender by checking either "M" for male or "F" for female.
- C **Ethnicity:** Identify the participant's race/ethnicity by either checking or circling the appropriate ethnic category. Visual determination of ethnicity should be used, unless the LA personnel cannot identify the participant's race/ethnicity in this way. Refer to Policy CR: 09.0, Collection of Racial/Ethnic Data.
- C **Identification Verification Method (Children Only):** Indicate the document used to verify the identification of the child by checking or circling one identification method. Refer to Policy CS: 02.0, Identification of WIC Applicant.
- C **Other Program Participation:** Identify all programs in which the applicant currently participates by either circling or checking the appropriate programs. Recording the **Medicaid Number** is optional (shaded/optional field).
- C **Immunizations:** Check "Y" for yes or "N" for no to indicate the child's immunization status upon leaving the clinic.
- C **Height/Weight:** Record the applicant's height to the nearest 1/8 inch and weight to the nearest ounce.
- C **Measure Date:** Recording the date is not required unless the measurements were taken on a day other than the certification date.
- C **Diet Score:** Record the number of dietary deficiencies assessed after scoring the dietary recall. If the CPA opts to stop scoring at three deficiencies, record 03 in the Diet Score boxes. If there are less than three deficiencies, or the Local Agency has opted not to score the dietary recall because other risk conditions exist, enter 00 in the Diet Score boxes. Refer to Policy CS: 04.6, Assessment of Dietary Pattern.
- C **Hct/Hgb:** Record either the hematocrit or hemoglobin value.

- C **Health Care Sources:** Identify the applicant's source of health care by either checking or circling the appropriate information. One or more sources may be identified.
- C **Referred From:** Identify the source which best represents where the participant was referred from to WIC by either checking or circling the appropriate information.
- C **Referred to:** Identify **all** referrals made to the applicant by either checking or circling the appropriate information. This includes verbal, as well as written referrals.
- C **Nutritional Risk** conditions are listed on the back side of the Participant Form (WIC-38, 39, 40, 41). All nutritional risk conditions must be identified by either circling or checking the appropriate codes.

Breastfeeding women only: **Risk code 601** is to be used only when no other risk condition is found for the breastfeeding mother. Identify the highest priority level that corresponds with the identified risk codes for the infant at nutritional risk and ensure that the highest priority level is assigned to the mother. Record the priority number on the line provided next to risk code 601, or in an adjacent area, to properly identify the priority level for data entry. **NOTE: This is the only risk code in which the breastfeeding mother's and the infant's priority level MUST match. If the breastfeeding mother is identified as having other risk conditions, DO NOT assign this risk code and DO NOT attempt to match their priority level.**

Risk codes may be listed on the front of the Participant Form for ease of data entry, if desired, but they must be identified on the back of the form as official documentation.

- C **Delivery Date** (Pregnant, Breastfeeding and Postpartum): Record the estimated date of delivery for pregnant women and the actual date of delivery for breastfeeding and postpartum women.
- C **Trimester Prenatal Care** (Pregnant, Breastfeeding and Postpartum): Record the trimester in which the applicant first received prenatal care.
- C **Wks Gestation** (Breastfeeding and Postpartum Only): Record the gestational week in which the applicant delivered the baby.
- C **Pre-Preg Wt** (Pregnant, Breastfeeding and Postpartum): Record the applicant's weight before pregnancy.
- C **Preg Wt Gain** (Breastfeeding and Postpartum Only): Record the number of pounds gained during most recent pregnancy.

- C **Gravida** (Pregnant, Breastfeeding and Postpartum): Record the number of times the woman has been pregnant.
- C **Para** (Pregnant, Breastfeeding and Postpartum): Record the number of births after 20 or more weeks gestation, regardless of outcome.
- C **Pregnancy Outcome** (Breastfeeding and Postpartum Only): Record the appropriate code (L, S, M, A, or N) under the “Outcome” column. The weight in pounds and ounces and the sex of the infant(s) should be recorded in the appropriate columns. The additional rows are intended for multi-fetal births.
- C **Previously Bf Other Infants** (Pregnant and Breastfeeding Only): Check “Y” for yes or “N” for no to indicate if the applicant has previously breastfed other infants.
- C **Previously Bf This Infant** (Postpartum Only): Check “Y” for yes or “N” for no to indicate if the woman breastfed the infant at any time.
- C **Interest in Bf** (Pregnant Only): Check “Y” for yes or “N” for no to indicate if the applicant is interested in breastfeeding.
- C **Exclusively Bf** (Breastfeeding Only): Check “Y” for yes or “N” for no to indicate if the breastfeeding woman exclusively breastfeeds the infant and receives no supplemental formula.
- C **Food Pkg Code**: Record the food package number that corresponds to the participant’s category and food package description.
- C **Rx Exp Date**: If the child or woman is receiving formula, the formula prescription expiration date must be documented on the Participant Form. *Changes* in the prescription expiration date *may* be documented in the additional formula prescription expiration date boxes. Documentation of prescription changes on the Participant form is *optional*, as long as the *changes* are documented elsewhere (e.g., non-contract formula prescription form or progress notes) in the participant’s chart.
- C **Formula Code**: If the participant receives formula, there will be a formula code *in addition* to the food package code that will be selected and recorded on the assessment form. Changes in formula may be documented in the additional boxes. **Recording these changes in the boxes is optional**, as long as the changes are documented elsewhere (e.g., non-contract formula prescription form or progress notes) in the participant’s chart.
- C **NE Code**: Record the Nutrition Education code which corresponds with the nutrition education

provided.

Diet History/Health History Form, WIC-44, 45

, General Instructions

1. Record the applicant's name, date of birth and age in years or months in the shaded top right corner of the **Diet History** form (WIC - 44, 45).
2. For pregnant, breastfeeding, or postpartum women, indicate the maternal status by placing a check mark by the appropriate category: pregnant (PG), breastfeeding (BF) or postpartum (PP).
3. Ask the applicant to record their name, or the name of the child, and the date on the top of the back side of the form. **This is optional and at the discretion of the local agency.** The intent of including this information is to allow Local Agency staff a method to "double check" names and their spelling or to ensure that the proper form is completed for the appropriate person in cases where the parent/guardian/ caregiver may be completing several forms at one time.
4. Instruct parent/guardian/caregiver to answer all the questions on the left side on both sides of the form by placing a check mark in the appropriate Yes or No blank, including the Health History. Instruct them to list all the foods and beverages consumed in the past 24 hours, or on a typical day if more appropriate (e.g., if the participant or child was sick, or the parent/guardian/caregiver was not with the child in the past 24 hours). ***The shaded areas on this form are intended for staff use only.*** If the participant/parent/ guardian/caregiver is unable to complete the questions, the Competent Professional Authority (CPA) should obtain information through client interview. Some local agencies may opt to have staff complete the form.
5. Review the applicant's responses, identify any and all problems and verify/clarify answers in the shaded areas on the **Diet History and Health History Form**. "Yes" responses need to be clarified to determine if the answer is appropriate and valid. The shaded area provides a **Comments** section to clarify answers. If the client has responded "Yes" to a health question, but further probing revealed situation/condition is not really a risk condition, note clarification in the "Comments" section and place a check mark in the **NV (not valid) column**. The **Code** column is for applicable risk codes. The appropriate risk code/s for each problem identified as a valid risk condition may be either circled or written on the Diet History/Health History Form and must be recorded on the **Participant Form (WIC Nutritional Risk Codes)** *after* all sections on both sides are completed. It is optional, but highly recommended, to circle the risk codes and/or to write in the risk codes not listed on the Diet History/Health History Form, however, **it is mandatory that all identified risk codes be circled or checked on the Participant Form (WIC Nutritional Risk Codes).**

6. It is important to refrain from evaluating the diet information or initiating counseling during the interview. The applicant will be more likely to release personal and confidential information about the diet and health history during the interview if the CPA remains nonjudgmental and encouraging. Identified problems should be addressed through counseling *after* all information is obtained and assessed.
7. Entering the date and name of the staff member/s taking and/or assessing the diet recall information at the bottom of the **Diet History** side of the form **is optional and at the discretion of the Local Agency Director.**
8. Document any nutrition counseling provided to the client on the lower right side of the **Diet History** form in the section titled Nutrition Education. **Completing this section is optional.**

Diet History: 24-Hour Dietary Recall and Assessment for Women and Children

, Step-by-Step Instructions

1. Ask the applicant/parent/guardian/caregiver to list all foods and beverages consumed by the applicant/child in the past 24-hour period, or on a typical day, on the left side of the page under the 24-Hour Dietary Recall section. The list should include all foods, beverages, between meal snacks and before bed snacks eaten during this period. Indicate the amount of each food or beverage consumed.
2. Instruct the applicant/parent/guardian/caregiver to answer the questions in the six boxes under Food Habit Questions (the right side of the Diet History form) by checking either *yes* or *no* to the right of the question. If the applicant/parent/guardian/caregiver was unable to complete the form, obtain the dietary recall and responses to food habit questions during the client interview. If the applicant has completed the form before the client interview, refer to “Guidelines for Obtaining a Dietary Recall” in the WIC Nutrition Training Guide, Instructions for Completing Dietary Recall and Assessment Forms, for correct techniques in collecting this information.
3. Identify if the applicant practices or has any of the following food habits:
 - C Follows a vegan diet (a diet that *does not* include any meat, poultry, fish, eggs, milk, cheese, or other dairy products).
 - C Follows a special or highly restrictive diet (a diet very low in calories or nutrients).
 - C **Children only:** Drinks from a bottle if older than 14 months.
 - C **Breastfeeding women only:** Drinks 3 or more cups of coffee or caffeine containing beverages a day (refer to “Caffeine Content of Common Beverages” in the Reference section of the Texas Risk Condition Manual)
 - C Pica - Consumes non-food items including, but not limited to dirt, clay, starch, paint chips, or large quantities of ice
 - C **Children only:** Drinks 1 ½ cups (12 ounces) or more of fruit juice or other nutrient poor or high calorie beverage on a regular basis.
 - C **Children only:** Drinks nonfat or reduced-fat milk if under 2 years old
 - C **Pregnant women only:** Experiences nausea, vomiting, heartburn or constipation
 - C Does not have a working stove or refrigerator and/or running water.

4. The question on the women's form "Do you have nausea, vomiting, heartburn or constipation?" does not have a Risk Code number. This question was intended to alert the interviewer of problems a women might be experiencing during pregnancy which could be affecting her diet. These problems should be addressed through counseling. However, should the woman report experiencing *severe* vomiting that results in dehydration and acidosis, this would be considered the Clinical/Health/Medical condition **Hyperemesis Gravidarum, Risk Code 301**.
5. The question addressing a working stove and refrigerator, and running water is intended to identify participants that are homeless, and/or not able to store and/or prepare foods safely. This helps the CPA select the proper food package for the client.
6. Circle the specific risk code for each food habit identified.
7. Write any comments you might have about the diet or any food habit problems identified in the shaded "Comments" area.
8. Score the Dietary Recall according to Policy CS 04.6. It is at the discretion of the Local Agency to score diets when other risk conditions are identified. **Amounts of foods and beverages must be documented**, as nutrition counseling is based on dietary practices.

Health History for Pregnant/Breastfeeding/Postpartum Women, **WIC-45**

Step-by Step Instructions

The **first four questions** are general health history questions. They do not have specific risk codes assigned under the Code column because they encompass a variety of codes and require the CPA to probe for additional information before identifying a risk condition. Include information in the “Comments” section to explain/clarify “Yes” answers. If further probing revealed situation/condition is not really a risk condition, note clarification in the “Comments” section and place a check mark in the **NV (not valid) column**.

The next two questions are related to diet:

! Is the woman on a special diet for medical reasons or weight loss?

Special diets could be the result of any of the health problems and medical conditions identified in the first five questions, and could also include food allergies. This question is also intended to identify those women who are practicing unsafe diets for weight loss.

! Are there any foods that you limit, avoid or do not eat for any reason?

Answers to this questions could include food allergies, milk intolerance or soy allergy, feeding problems or dietary restrictions because of specific health problems. This question also tries to identify any unusual food practices, for example vegan diets, or highly restrictive diets that are very low in calories or nutrients.

The next questions have assigned risk codes (**357 - Drug Nutrient Interactions, 358 - Eating Disorders, 359 - Recent Major Surgery, Trauma or Burns in Past Two Months, 371 - Maternal Smoking, 372 - Alcohol Use, 373 - Illegal Drug Use and 381 - Dental Problems**) in the Code column. Include information in the “Comments” section to explain/clarify **YES** answers and check **NV** if you determine the answer is not valid.

! **Code 423** addresses **Inappropriate or Excessive Intake of Dietary Supplements** including vitamins, minerals and herbal remedies. Examples include, inappropriate or excessive amounts of single or multivitamins, or mineral or herbal remedies not prescribed by a physician. While many herbal teas may be safe, some might have undesirable effects. **NOTE:** Code 423 **DOES NOT** apply to the regular use of a multi-vitamin/mineral supplement that provides no more than 100% of the Daily Value for vitamins and minerals.

! **Code 424** addresses **Inadequate Vitamin/Mineral Supplementation**. Examples include pregnant women not taking 30 mg of iron daily.

! **Code 602** addresses **Breastfeeding Complications or Potential Complications**
This risk code does **NOT** apply to the pregnant breastfeeding mother. If a pregnant woman answers “Yes” to this question, counsel and make appropriate referrals. However, it is **NOT** possible to assign this risk code number to a pregnant woman, she will qualify with another risk code specific to her pregnancy.

! **Code 901** addresses **Recipient of Abuse/Battering within Past Six Months**

The question addressing abuse/neglect provides the 1-800 National Domestic Violence Hotline. It is the responsibility of the CPA to provide the woman with the hotline telephone number, or a local number if services are locally available.

Complete the bottom portion of the Health History related to pregnancy outcomes only during the woman’s initial visit to the clinic. Once this information is obtained, completing this section at each certification is unnecessary. The local agency staff must refer to this section during subsequent certifications and insure that the participant’s chart contains all previous and current pregnancy information.

Ask the participant if she has used birth control in the past and make the appropriate family planning referral if applicable.

Health History for Children

Step-by-Step Instructions

The **first three questions** are general questions. They do not have specific risk codes assigned under the Code column because they encompass a variety of codes and require the CPA to probe for additional information before identifying a risk condition. Include information in the “Comments” section to explain/clarify YES answers. Examples include:

- ! Was the child born with any medical problems? Medical problems could include:
 - C **348 - Central Nervous System Disorders** such as neural tube defects, spina bifida
 - C **349 - Genetic and Congenital Disorders** such as cleft lip or palate, Down syndrome
 - C **351 - Inborn Errors of Metabolism** such as PKU, galactosemia
 - C **362 - Developmental Delays, Sensory or Motor Delays** such as birth injury, brain damage
 - C **382 - Fetal Alcohol Syndrome (FAS)**

- ! Has the child ever had any health problems? Health problems could include:
 - C **342 - Gastro-Intestinal Disorders** including small bowel enterocolitis and syndrome, malabsorption syndromes, and liver disease.
 - C **346 - Renal Disease**
 - C **352 - Infectious Diseases** including TB, pneumonia, meningitis, parasitic infections, bronchiolitis (usually affects children under 24 months of age) and HIV/AIDS. The infectious disease must be present within the past 6 months.
 - C **360 - Other Medical Conditions** including cardiorespiratory diseases, heart disease, cystic fibrosis, and persistent (moderate or severe) asthma requiring daily medication.

- ! Has the child been in the hospital (other than when born) or in the emergency room? These could include:
 - C Surgeries or hospitalizations related to complications to any of the above health problems or medical conditions.
 - C Emergency treatment resulting in a condition that requires special nutritional considerations or special diets.

The next two questions are related to diet:

! Is the child on a special diet for medical reasons?

Special diets could be the result of any of the above health problems and medical conditions, and could also include food allergies.

! Are there any foods that you limit, avoid or do not give you child for any reason?

Answers to this questions could include food allergies, milk or soy intolerance, feeding problems or dietary restrictions because of specific health problems. This question also tries to identify any unusual food practices, for example vegan diets, or highly restrictive diets that are very low in calories or nutrients.

The next five questions have assigned risk codes (**357 - Drug Nutrient Interactions, 359 - Recent Major Surgery, Trauma or Burns in Past Two Months and 381 - Dental Problems**) in the Code column. Include information in the “Comments” section to explain/clarify **YES** answers and check **NV** if you determine the answer is not valid.

Code 423 addresses **Inappropriate or Excessive Intake of Dietary Supplements** including vitamins, minerals, and herbal remedies. Examples include: inappropriate or excessive amounts of single or multivitamins, or mineral or herbal remedies not prescribed by a physician. While many herbal teas may be safe, some might have undesirable effects.

NOTE: Code 423 **DOES NOT** apply to the regular use of a multi-vitamin/mineral supplement that provides no more than 100% of the Daily Value for vitamins and minerals.

Code 424 addresses **Inadequate Vitamin/Mineral Supplementation**. For example, when the water supply contains less than 0.3 ppm fluoride and children younger than 36 months are not taking 0.25 mg fluoride daily and children 36 -72 months are not taking 0.50 mg fluoride daily, or when the water supply contains 0.3 - 0.6 ppm fluoride and children 36-72 months are not taking 0.25 fluoride daily. Unless you suspect fluoride problems in your area, it is not necessary to know the fluoride content of your water supply. If you are concerned about fluoride levels, contact your local health department to assist in obtaining these values.

The question addressing abuse/neglect, **Code 901 - Recipient of Abuse within Past Six Months**, provides the 1-800 National Domestic Violence Hotline. **It is mandatory, and the responsibility of the CPA, to report cases of abuse or neglect for all infants and children to the local child protective services.**

The last two questions address health care issues. They are intended to be used for referrals to

health care sources/services needed to insure that participants are receiving adequate health care. Referrals may be documented in the shaded “Comments” section.